

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name &amp; Address</i> ):  TELEPHONE NO: ATTORNEY FOR ( <i>Name</i> ):	<b>DO NOT SEND THIS FORM TO THE COURT</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE</b> <input type="checkbox"/> Butte County Courthouse One Court Street Oroville, CA 95965 (530) 538-7002 <input type="checkbox"/> Chico Courthouse 655 Oleander Chico, CA 95926 (530) 532-7009	
PETITIONER/PLAINTIFF(S): RESPONDENT/DEFENDANT(S):	
<b>MEDIATION STATEMENT</b>	CASE NUMBER:

**PARTIES MUST PREPARE AND GIVE INFORMATION ABOUT THEIR CASE TO THE MEDIATOR AND THE OTHER PARTIES AT LEAST FIVE (5) COURT DAYS BEFORE THE MEDIATION HEARING. YOU MAY USE THIS FORM OR WRITE THE INFORMATION ON YOUR OWN PAPER. MEDIATION STATEMENTS MUST BE FIVE (5) PAGES OR LESS.**

1. The name and title (or relationship to the case) of all people who will attend mediation are as follows:

_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)

☐ **More information attached to this form**

2. People who are connected with this case or who, if present at mediation, might improve the chance of settlement are:

_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)
_____	_____
(NAME)	(TITLE)

☐ **More information attached to this form**

3. The important issues in this case are as follows:

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\_\_\_\_\_

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☐ **More information attached to this form**

4. I believe that the liability and damages in this case are as follows:

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☐ More information attached to this form

5. Narrowing or resolving these issues early would make it easier to settle this case:

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☐ More information attached to this form

6. Summary of the history of this case and any settlement discussions:

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☐ More information attached to this form

7. I have attached the following documents to help the mediator better understand the issues in dispute:

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☐ More information attached to this form

8. Other comments:

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☐ More information attached to this form

Dated: \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME OF PARTY SUBMITTING THIS STATEMENT)



\_\_\_\_\_  
(SIGNATURE OF PARTY SUBMITTING THIS STATEMENT)